## IN THE SUPERIOR COURT OF BURKE COUNTY - Augusta Judicial Circuit STATE OF GEORGIA

## AFFIDAVIT OF JUROR

			e undersigned officer duly authorized to administer oaths,	
came _			(PLEASE PRINT NAME), who on oath says,	
I nave t	been su	mmoned for jury duty the week of		
request	to be	excused/deferred from jury service	e due to the following reason: [Mark One]	
	1	I no longon reside in County N	Assumbassical masidamas is	
	1.	I no longer reside in County. N	My physical residence is	
		card reflecting your current residence	. (Attach copy of Driver's license or Voter's Registration	
	2.	I am a convicted felon and my civil right	ts have not been restored. I was convicted on in	
		County.		
	3.		I am not a citizen of the United States. (Attach copy of I.D.)	
	4.		eceased. (Indicate name and relationship of person completing form	
		and the date of death. Include a contact	phone number	
	5.	I will be engaged in work necessary to pe	ublic health/safety and no replacements are available to fill the	
		position during this term of jury duty. E	xplain: and request permanent removal from	
	6.	I am 70 years of age or older with a date	of birth of and request permanent removal from	
	7	the jury list of County.		
	7.		ing classes or exams on the dates indicated in my jury summons. My (Please attach copy of full time enrollment	
		schedule.) (O.C.G.A. §15-12-1.1(a)(2)	(Frease anach copy of fun ume enroument	
	8.		care and custody of a child six (6) years of age or younger and have	
	0.	no reasonably available alternative child		
	9.	I am the primary <u>unpaid</u> caregiver for a person over the age of six with such physical or cognitive		
		limitations. (Physician's certificate requ		
	10.	I am a primary teacher in a home school	program, as defined by O.C.G.A. 20-2-690(C); with no reasonable	
			the home school program. (Please attach a copy of your Annual	
			School Study Program, filed with the Burke County Board of	
		Education.) (O.C.G.A. §15-12-1.1(a)(4		
	11.	I or my spouse (Circle One) is on ordered	d military duty as follows:	
		Please attach a copy of military I.D. (C		
	12		Able to serve as a juror. <i>Physician's Certificate required</i> .	
			the last 12 months under the name of	
I CER	TIFY	UNDER PENALTY OF LAW	THAT THE ABOVE MARKED STATEMENT IS	
		CORRECT.		
INCL		control.		
	Thic	day of	20	
	11118 _	day of	, 20	
		cribed before me		
This	da	y of 20	JUROR (signature)	
Notary	Publi	c, State of Georgia	<b>Phone Number (Required by the Court)</b>	
•			(	
		on Expires:		
(SEAL)			Juror Printed Name	
N AT TO	•			
			ARY PUBLIC OR THE SUPERIOR COURT CLERK.	
<u>keturn t</u>	o Kade	<mark>ta G. Smith, Clerk of Superior Court, I</mark>	P O Box 803, Waynesboro, GA 30830 FOR APPROVAL.	